

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/868842

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2		/					52							
3	/						53							
4	/						54							
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47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	10						TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS